

Name
in
Full

Roland Atkins

CERTIFICATE OF DEATH

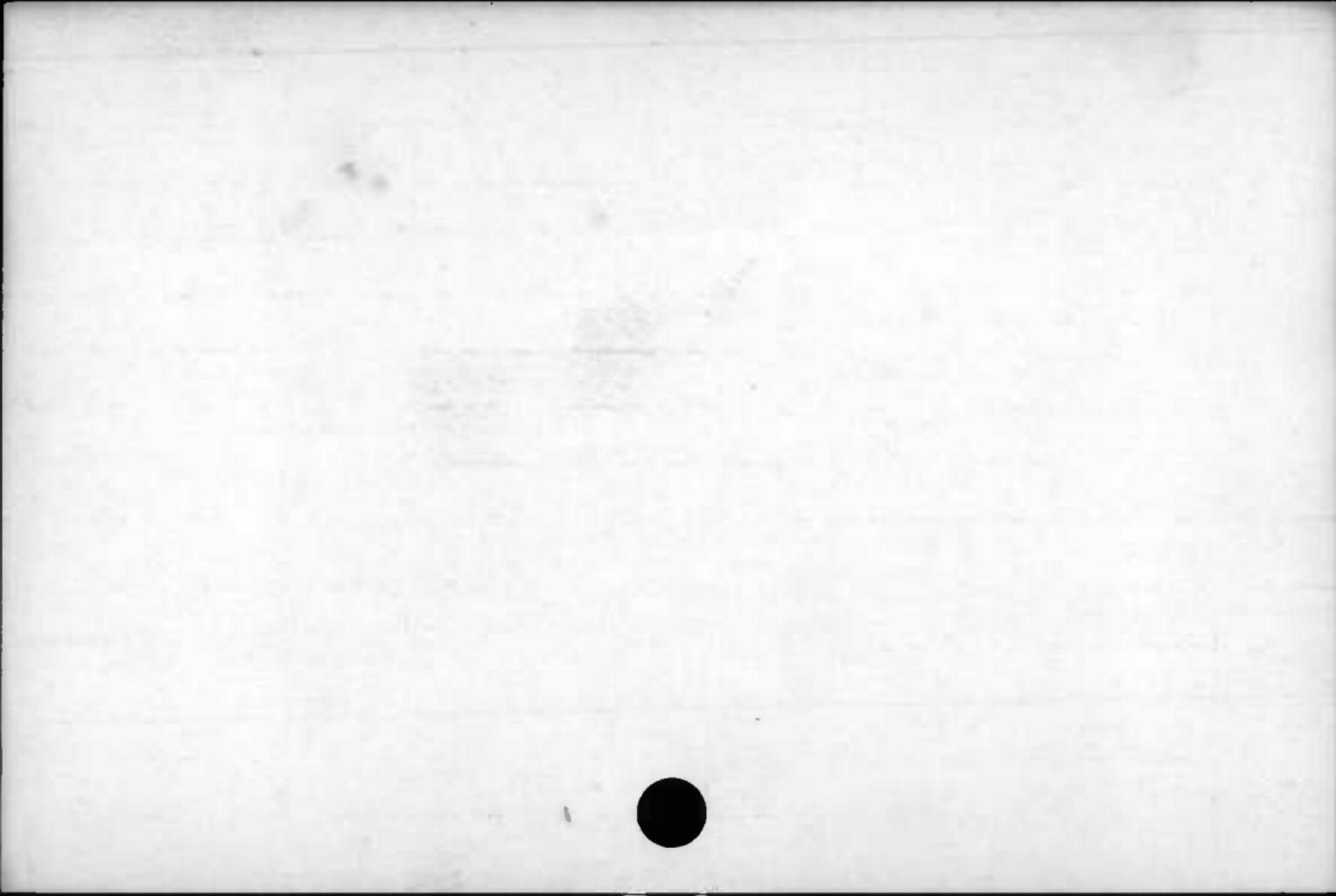
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Salisbury</u>	Town	<u>Wrenomics</u>			County	
Date of death <u>1904</u>	Month <u>Dec.</u>	Day <u>1</u>	Age <u>4</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>white</u>			Birth-place <u>Wrenomics</u>	
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name <u>L. Thos. Atkins</u>				Father's Birthplace	<u>Wrenomics Co</u>	
Mother's Maiden Name <u>Fannie Calloway</u>				Mother's Birthplace	<u>Wrenomics Co.</u>	
Name of person giving information <u>Clayton W. Gordy</u>				How related to deceased	<u>None</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis *</u>	<u>of</u>	How long <u>1 year</u>
Immediate <u>Congestion lungs & heart failure & death</u>		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician
		Address
Accident or Suicide?	<u>No</u>	



Mrs Addie Bailey

Town

County

Died at Quantico

Wisconsin

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec 20

Age 43

Male

White

yes

Married

yes

Widow

Divorced

Female

yes

Entered

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Heart (Fatty)

Reported by

W.H. St. Washill

Address

Quantico Md

How long sick

1 week

Accident, Suicide, Homicide



Name
in
Full

Henry Boraghe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month 12	Day 11	Years 2
Sex Female	Color or Race Black	Birth-place Allen	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Thomas Burrough	Father's Birthplace West Vernon	
Mother's Maiden Name	May King	Mother's Birthplace Allen	
Name of person giving Information	Ernest King	How related to deceased Uncle	
CAUSES OF DEATH			

PHYSICIAN
OR CORONER

Primary

Causes

17A

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

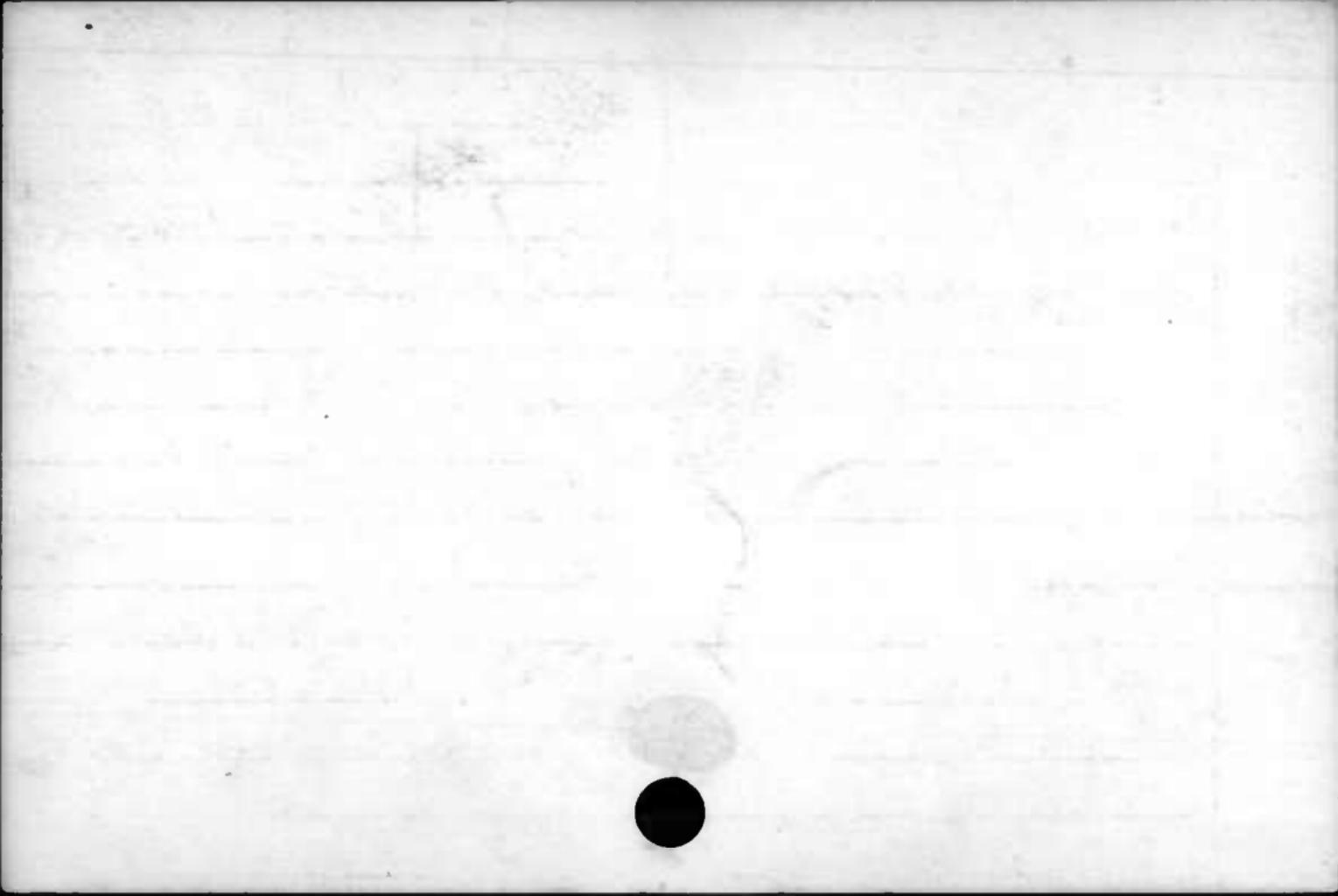
3

Signature of Physician

Address

E. G. Denson M.D.
Maryland Md

Accident or Suicide?



Died at		Town		County				MARYLAND		
		Sea Povellville		wicomico						
Date	1902	Month	12 th	Day	26 th	Y.	M.	D.	Native of	Occupation
Male		White		Married		Widow		Divorced		Maryland housekeeper
Female		Colored		Single		Widower				Number of children living
Husband	of									
Wife										
Father's	Name					Mother's				
Cause of	Primary	constipation						How long sick		1 month
Death	Immediate	Diarrax						Accident, Suicide, Homicide		
Reported by		Geo. C		Tyndall, M. D.						
Address	Phagylville						md			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

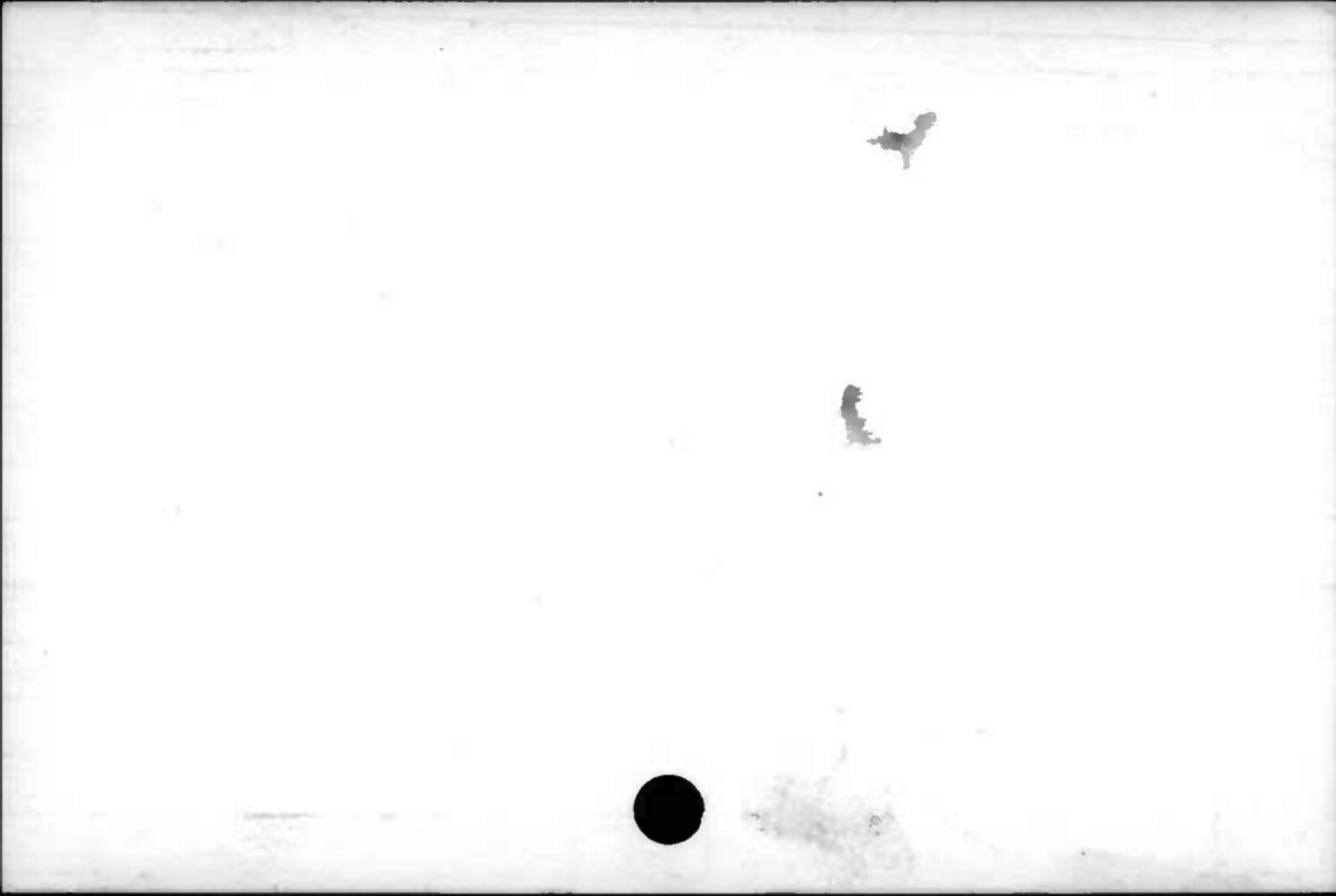
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month Dec.	Day 20th	Years Nine	Months	Days
Sex	Female	Color or Race	Colored	Occupation	Birth-place	Maryland
Married, Single or Widowed	Single					
Name of Wife or Husband						
Father's Name	Merley Leornish			Father's Birthplace	Md.	
Mother's Maiden Name	Farny Carroll			Mother's Birthplace	Md	
Name of person giving information	George Leornish			How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN OR COBONER	Primary	Pulmonary tuberculosis	How long	1½ years
	Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. John D. Smith	
		Address	Salisbury, Md	
Accident or Suicide?				



Name
in
Full

Hester Dennis

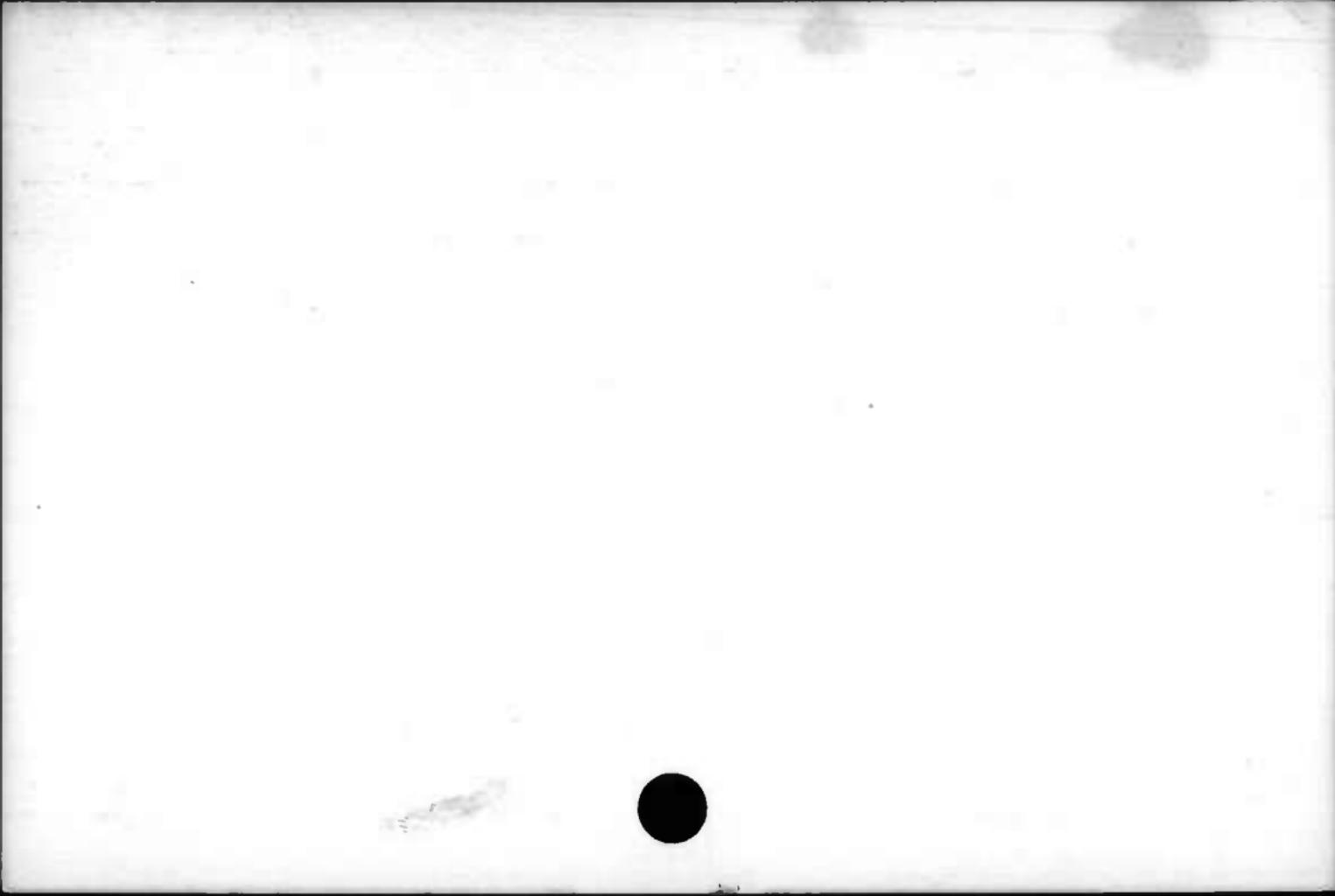
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month December	Day 30	Years 64	Months -	Days -
Sex Female	Color or Race Colored	Birth-place Maryland			
Married, Single or Widowed Widow	Occupation General work				
Name of Wife or Husband Jacob Dennis				Father's Birthplace	
Father's Name				Mother's Birthplace	
Mother's Maiden Name					
Name of person giving Information Maggie Dennis	79				How related to deceased Daughter

CAUSES OF DEATH

Primary	Dont Know	How long	Dont Know
Immediate	Some organic heart disease	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Self, stamping
		Address	Salisbury Md
Accident or Suicide?			



Name
in
Full

Amy Jane Fugge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Delmar	Wicomico		
Date of death 1902	Month Dec.	Day 29 th	Years Age 65	Months Days
Sex Female	Color or Race White	Occupation Housekeeper	Birth- place Delaware	
Married, Single or Widowed Married				
Name of Wife or Husband Thomas Fugge				
Father's Name			Father's Birthplace Del.	
Mother's Maiden Name			Mother's Birthplace Del	
Name of person giving Information Geo. W. Nichols			How related to deceased Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease	How long Some years
Immediate	Urinary affection	How long 10 days or more
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address Loni Wilson M.D. Salisbury Md.
Accident or Suicide?		



Name
in
Full

No Name

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Dec	Day 23	Years 0	Months 0	Days 0
Sex Female	Color or Race	white	Birth- place	Salisbury Md	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	A. W. Gillis			Father's Birthplace	Md.
Mother's Maiden Name	Eloise Malone			Mother's Birthplace	Md.
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yrs

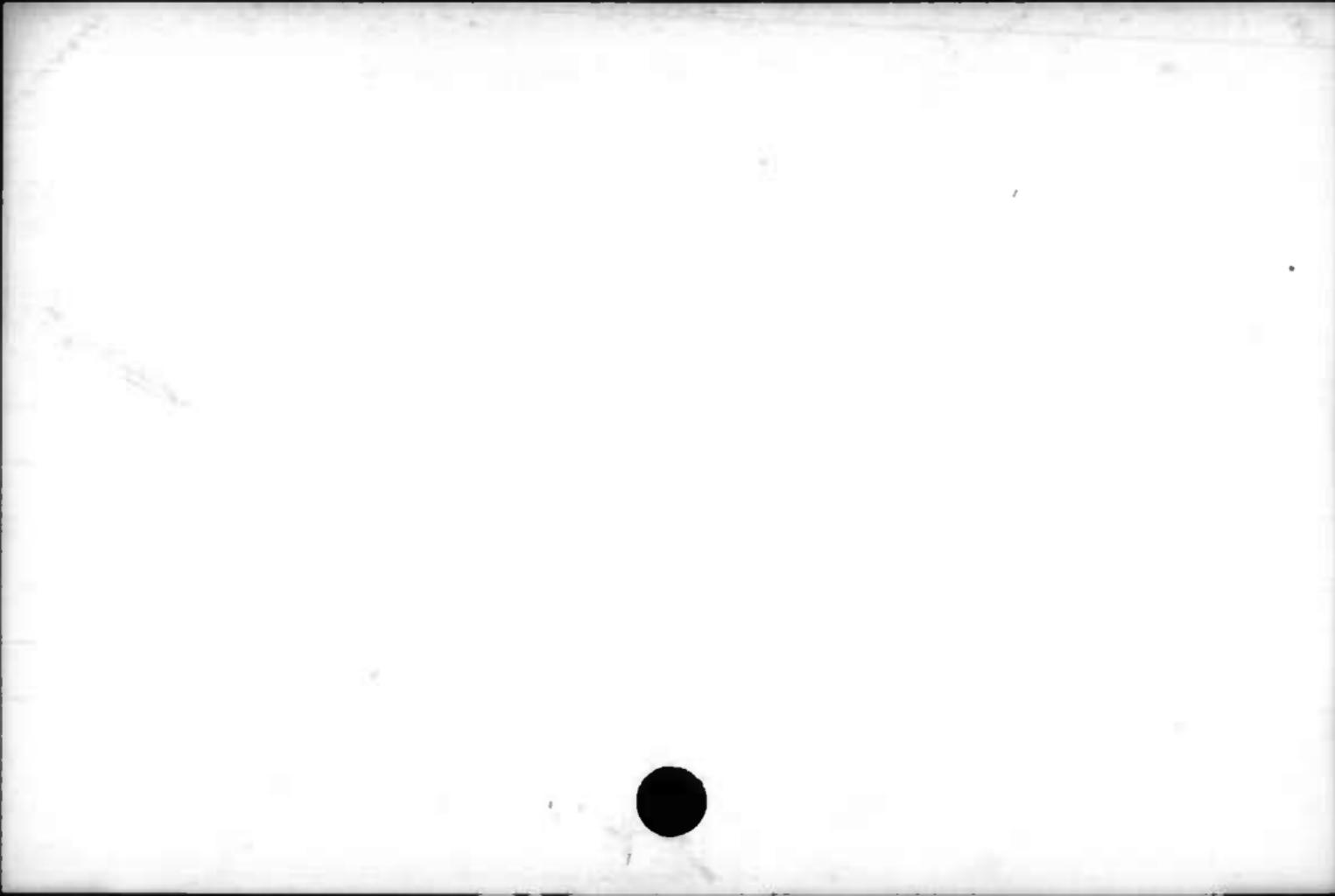
Signature of
Physician

Address

L. M. Glemons

Salisbury Md

Accident or Suicide?



Died at

Town

Mardela

County

Graham
Wicomico

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 11th

Age 42

Wld

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Samuel Graham Minerva English

Cause of

Primary

Stroke

How long sick

1 week

Death

Immediate

Toxocelias

Accident, Suicide, Homicide

Reported by

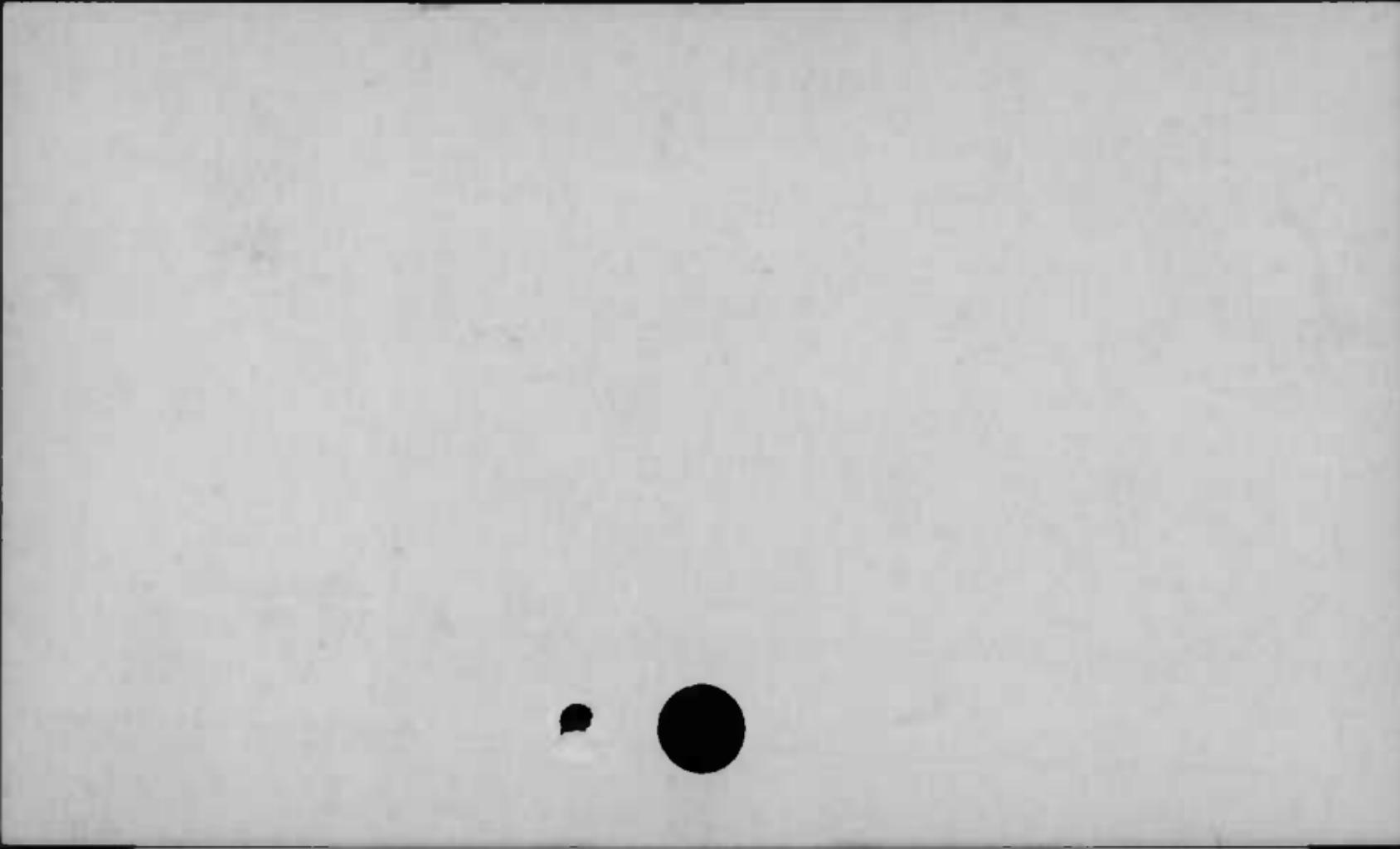
Dr. L. Sealemane

Address

Mardela

Delaware Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Hargis

CERTIFICATE OF DEATH

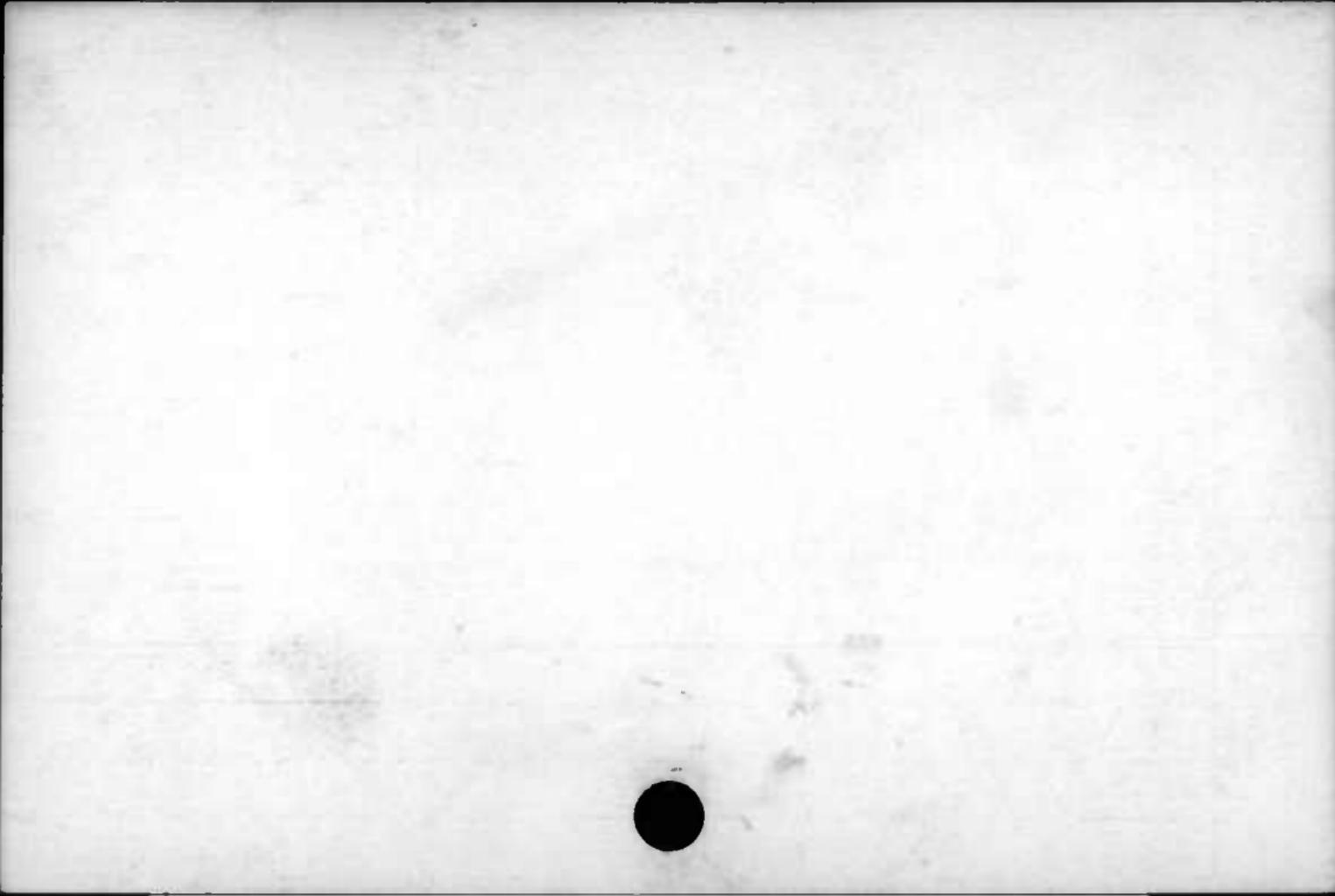
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Salisbury		Wicomico			
Date of death	Month	Day	Years		Months	Days
of death 190	Dec	27	23			
Sex	Female	Color or Race	Black	Birth-place	Md	
Married, Single or Widowed	Single		Occupation	Housework		
Name of Wife or Husband						
Father's Name	Charles H. Hargis			Father's Birthplace	Md	
Mother's Maiden Name	Mary E. Hargis			Mother's Birthplace	Md	
Name of person giving information	Mary E. Hargis ✓			How related to deceased	Mother	

CAUSES OF DEATH

Primary	Pulmonary Consumption	How long	one year
Immediate	Searf Disease	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Handwritten Signature
Yes		Address	Salisbury Hospital Salisbury Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Nellie M Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Salisbury	Wicomico	Months	Days	77 Days
Date of death 190	Month 2	Day 16	Years	Age	
Sex	Female	Color or Race	Black	Birth-place	Salisbury
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Alpheus Hopkins	Father's Birthplace	Penn		
Mother's Maiden Name	Stella Cook	Mother's Birthplace	Md		
Name of person giving information	Alpheus Hopkins	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Do not know	15	How long	all it is fix
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A C Holloway & co	
		Address	Undertakers Salisbury MD	
Accident or Suicide?				



Mrs. Nancy Horner

Town

County

MARYLAND

Died at

Salisbury, Wicomico

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Dec.

Age 71-4-11

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

John Horner

Wife

Mother's

Father's

Maiden Name

Name

1902

Cause of

Primary Chronic Bright's disease

How long sick

Death

Immediate Dropay a heart failure

Accident, Suicide, Homicide

Reported by

Lori W. Green, M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William S. Littleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month	Years	Months Days
Sex male	Day	Age 40	10 6
Married, Single or Widowed	Color or Race	Occupation	
Name of Wife or Husband	Single Married Farmer		
Father's Name	David Littleton		
Mother's Maiden Name	Mary Sherwood		
Name of person giving information	Mrs. Dennis L. Kimball		
	How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Some brain trouble	64	How long Few hours
Immediate	Hemonhag. Brain?		How long Few minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Gov. H. Todd	Address Salisbury Md.
Accident or Suicide?	This party dead when I saw him		



Name
in
Full

Samuel J Messick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec	Day 23	Years Age	35	Months Days
Sex	male	Color or Race	White	Birth- place	Md
Married, Single or Widowed	Single	Occupation	mason		
Name of Wife or Husband					
Father's Name	William F B Messick			Father's Birthplace	Md
Mother's Maiden Name	Henetta A Hopkins			Mother's Birthplace	Md
Name of person giving Information	Lionwood J Messick			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suppose consumption

How long

4 years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E C Holloway & Co

undertakers Salisbury Md

Accident or Suicide?



Name
in
Full

Mary S. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 12	Years 67	Months 4	Days 6
Sex Female	Color or Race White	Occupation House work	Birth- place Md		
Married, Single or Widowed Married	Midwife				
Name of Wife or Husband James Mitchell					
Father's Name John Parsons				Father's Birthplace Md	
Mother's Maiden Name Sallie Parsons				Mother's Birthplace Md	
Name of person giving Information Wm B. Mitchell				How related to deceased Son	

CAUSES OF DEATH

Primary Mihal Regurgitation	How long years	How long short time
Immediate Pulmonary Oedema		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Gov. H. Todd	
Address Salisbury Md		
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William D. Pentland

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Salisbury	Wicomico				
Date of death	1902 Dec.	Month	Day	Years	Months	Days
Sex	Color or Race	Age 60 years		Birth-place	Ireland	
Married, Single or Widowed	Widower	Occupation		Farmer		
Name of Wife or Husband	Anna Gruber					
Father's Name	William Pentland			Father's Birthplace	Ireland	
Mother's Maiden Name	Elizabeth Clarke			Mother's Birthplace	Ireland	
Name of person giving Information	Robert A. Pentland			How related to deceased	Brother	

CAUSES OF DEATH

Primary

Locquonot Ataxia

101
120

How long

Laid 46 of several years

Immediate

Bracnia

How long

Said to be of some months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. D. Pentland
Salisbury, Md.
(over)

Accident or Suicide?

No

This patient was brought to the Peninsula General Hospital one week ago with history of Localized Ataxia & Chronic nephritis. He was admitted on admission from Geneva prison. He had had no medical advice up to time of admission because of his belief in Christian Science.

J. M. D. M.D.

Name
in
Full

Hester E Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1902	Month Dec	Day 10	Years 76	Months	Days	
Sex Female	Color or Race Whit	Birth-place Md				
Married, Single or Widowed	Mixon	Occupation Housework				
Name of Wife or Husband	Eugene Calloway					
Father's Name	Eugene Calloway	Father's Birthplace Md				
Mother's Maiden Name	Pencey Ellen Calloway	Mother's Birthplace Md				
Name of person giving information	Marion Townsend	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral insufficiency

How long

2 years (?)

Immediate

Pulmonary oedema

How long

few days -

Are the name, age, sex, color, date and place correctly given above?

Yes

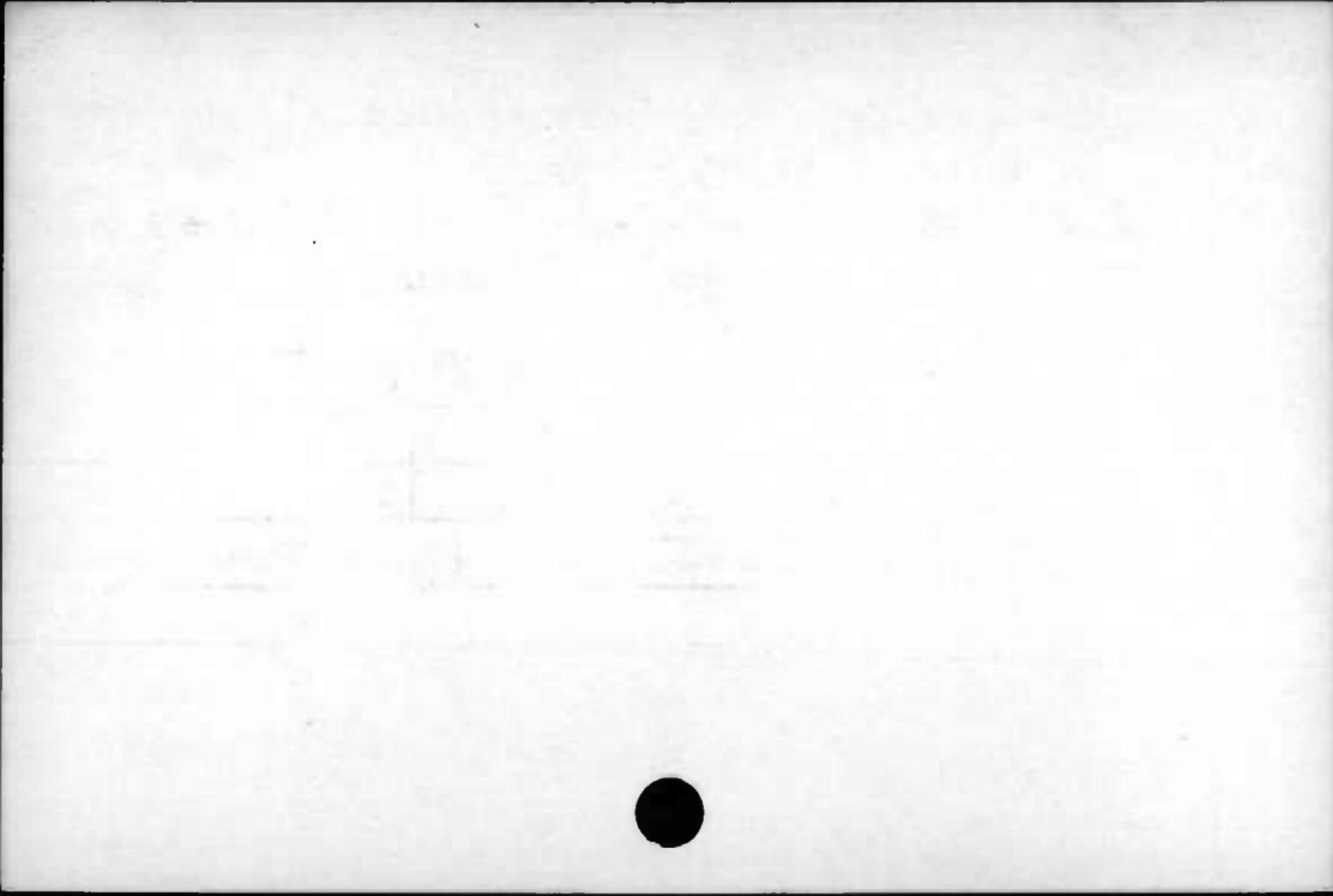
Signature of Physician

Address

J. G. Driskell
Salisbury, Md

Accident or Suicide?

No



Name
in
Full

Isaac Wallop

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1902	Dec.	22 nd	39			
Sex	Male	Color or Race	Black	Birth-place	Kingsbrake ^{Ca. Md.} Sonnen	
Married, <u>S</u> , or Widowed		Occupation	Farmur			
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Miss Miller (Mural)			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Initial Insufficiency

70

How long

1 year

Immediate

Cardiac failure

70

How long

6 minute

Are the name, age, sex, color, date
and place correctly given above?

Yes

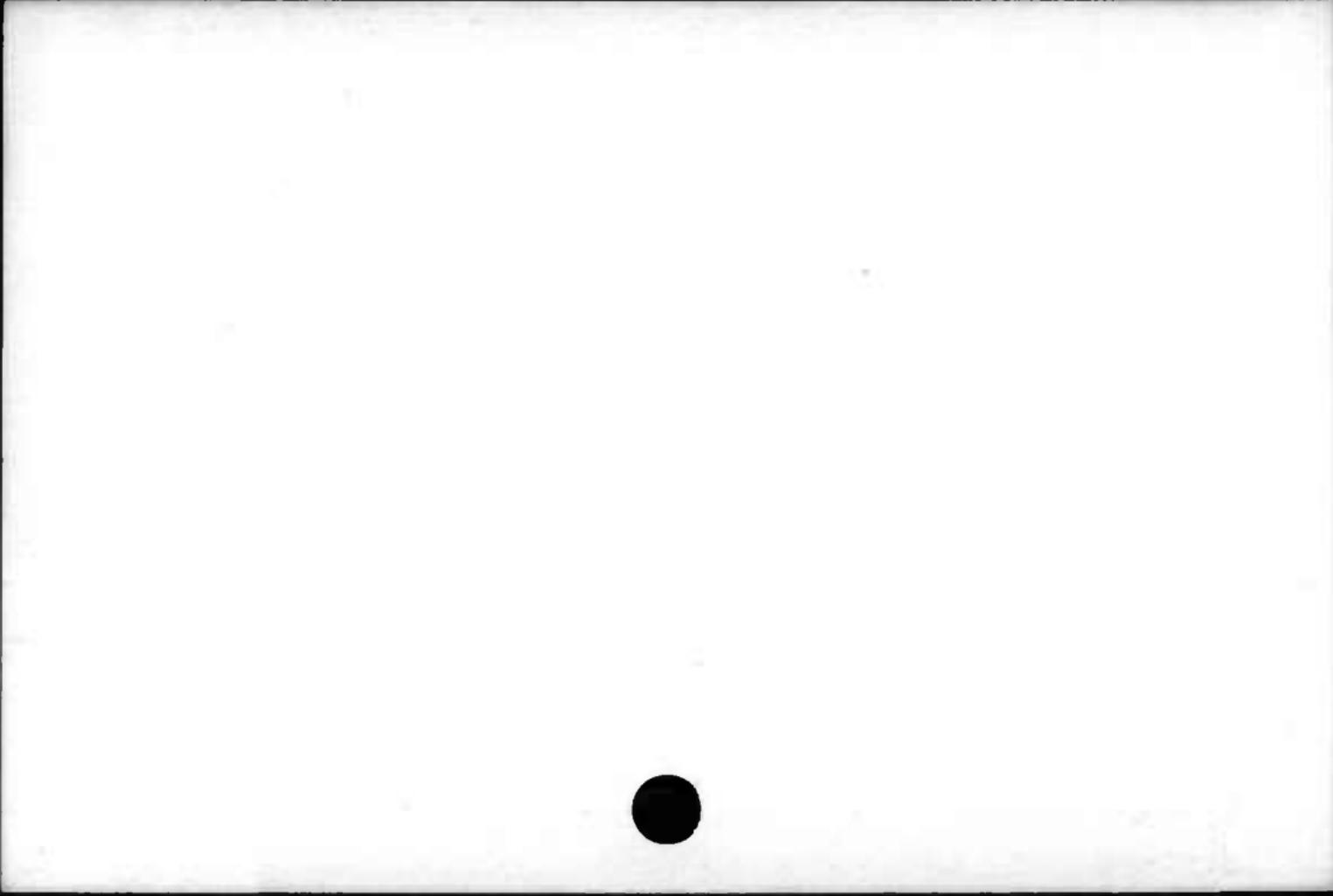
Signature of
Physician

Address

Dr. J. A. Dick
Salisbury, Md

Accident or Suicide?

22



Name
in
Full

Sarah Elizabeth Walston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Dec.	Day 9 th	Years	Months	Days
Sex Female	Color or Race White	Occupation Housewife	Birth-place Maryland		
Married, Single or Widowed Married					
Name of Wife or Husband S. D. Walston					
Father's Name Leavin Parker	42	Father's Birthplace Maryland			
Mother's Maiden Name Ellingsworth		Mother's Birthplace Maryland			
Name of person giving Information Mrs. J. W. Parker		How related to deceased Sister in Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Muriet vaginal Carcinoma

How long

2 years (about)

Immediate

Drumlin & exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Parker,
Salisbury Md

Accident or Suicide?

No

